RECEIVED **CENTRAL FAX CENTER**

DEC 0 7 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dany MARGALIT, et al.

Application No.: 10/037,109

Group No.: 2131

Filed: October 22, 2001

Examiner: Henning, Matthew T.

CLASSIFYING DIGITAL OBJECT SECURITY CATEGORY For:

Attorney Docket No.: U 013682-7

Commissioner of Patents P. O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that the attached correspondence comprising:

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

is being;

MAILING

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

Date: December 7, 2005

FACSIMILE X transmitted by facsimile to the Patent and Tradesflark Office to (571) 273-8300

JFFORD J. MASS (type or print name of person certifying)

(Certificate of Mailing under 37 C.F.R. I.8(a) 8-5

DEC 0 7 2005

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Applicati	on of: Dany MARGALIT, et	tal.			
Application No	o. 10/037,109				
Filed: October	22, 2001				
Title: CLASSI	FYING DIGITAL OBJECT	SECURITY	CATEGORY		
Attorney Docket No. U 013682-7			Art Unit: 2131		
princip	actitioner named below is auth al concerned. Furthermore, the dentified application pursuant	to 37 CFR 1.	is authorized to file	has the authoric correspondence	ty to bind the e in the
	Name	Registra	tion Number		
	SANFORD T. COLB	26,856	26,856		
abandonment, a assignee of the	ower of Attorney to the above uthority to sign a request to ch disclaimer, a power of attorne entire interest or an attorney of er should be executed and filed	ange the corr y, or other do f record. If an	espondence address cument requiring to propriate, a separat	s, a request for a he signature of the te Power of Atto	an express the applicant,
	SIGNAT	TURE of Prac	titioner of Record		
Name	CLASTORD J. MASS				
Signature	1/1/2		•	Date	December 7, 2005
Registration Number	30,086			Telephone	(212) 708-1890

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

(Authorization to Act in a Representative Capacity-page 1 of 1) 12-7